

# Better Homes and Centers



Michigan Department of  
Social Services  
Division of  
Child Day Care Licensing

Issue 8 Health/Safety I  
1986

## POISONS, POISONS EVERYWHERE

*By Tina Marks, Family Day Care Consultant,  
Wayne County*

Many people are unaware of potential poisons lurking in homes and centers. They tend to think that the only products which could harm them or their children are those which are specifically labeled "Poison." However, it is the misuse of any household product or medication which makes it a potential poison.

Incorrect use, storage and disposal of household products and medications provide young children easy access to the products. If children swallow any number of household products, medications, inhale their fumes, or get them on their skin, they may be endangered.

Frequently, poisonings occur because adults simply do not recognize the capabilities of small children. There are three basic stages of development in children from six months to five years of age in which natural tendencies to explore and experiment create situations which lead to accidental poisonings.

These stages are:

Crawling children, from six months to one year of age, explore by putting things into their mouths. Their world is the floor and storage areas near the floor where most household cleaners are kept. How many of the following products do you store in your kitchen cabinets?

ammonia	wall and floor cleaners
drain cleaners	floor waxes
window cleaners	dusting aids
spot removers	metal cleaners and
carpet and upholstery cleaners	polishes

Toddlers, age one to three years, have the highest poisoning accident rate of any age group. Anything at or slightly above eye level is prime target for these youngsters. Their world includes the closets, table tops, stove and counters. Many cleaning products, medications, poisonous plants and cosmetics are often found in these places.

## DIRECTOR'S CORNER

In May of 1984 Dr. Agnes M. Mansour, Director of the Michigan Department of Social Services (DSS) reached a decision to have the Division of Child Day Care Licensing assume singular responsibility for the investigations of alleged abuse and neglect in child care centers, and day care homes. This decision was based on a legislative request and her own desire to streamline the Department and use staff more efficiently.

Essentially, licensing staff will be continuing what it has always done in conducting investigations of alleged abuse/neglect. In the past, the local county Protective Services (PS) staff also conducted a simultaneous or parallel investigation. The primary change is that P.S. staff are no longer routinely involved in the investigation of alleged abuse and neglect in day care facilities.

While licensing consultants may have several added functions to carry out with respect to a specific investigation, the removal of P.S. from the investigation has not resulted in licensing staff being assigned new cases to investigate.

County P.S. units will continue to be involved when there is suspicion that a child may have or is being abused in their own home even though the child is in day care. As always, you as licensees and registrants, should continue to contact your county DSS Protective Services' unit if you suspect a child has been abused/neglected in the child's home or elsewhere other than the day care facility.

Ted deWolf, Director  
Division of Child Day Care Licensing

Climbers, ages three to five years, turn to counter tops, tables and cabinets for adventure. Intrigued by high storage areas they have never been able to reach, they can be most ingenious in creating ways to reach them. Consider the medications and cleaning products stored in your bathroom cabinets.

cough syrup

aspirin

toilet bowl

cleaners

disinfectant sprays

decongestant tablets

allergy pills

tile cleaners

The garage or basement is a dangerous place for both climbers and toddlers. Most automobile and maintenance products are stored there and many of these contain petroleum by products. Do you have any of these products stored in your garage?

charcoal lighter fluid

paint thinner and remover

transmission fluid

lubricating oil

cleaning fluid

kerosene

car cleaner and polish

laundry presoak

degreaser

Poison prevention is a simple but ongoing process. In addition to taking precautions when using and disposing of products, careful storage patterns will prevent many accidents.

The safety storage place for poisons is a locked cabinet. Tot locks may be used for convenience but remember they are only a deterrent, not child proof.

Many products are now available in child-resistant packaging. This has been one of the greatest contributors toward the prevention of accidental child poisoning. If a product has a regular cap, be sure it is fastened tightly after each use.

Be careful when using hazardous materials. If you are interrupted while using the product, take it with you. It only takes a second for a child to ingest a fatal dose of a poisonous product.

Use cleaning fluids and aerosols with adequate ventilation only and avoid breathing the vapors.

Plants are number four on the list of accidental poisoning after aspirin, vitamins, soaps, detergents and cleaners. The majority of children who ingest plants are under five years of age.

Know what plants are potentially hazardous and place them in areas inaccessible to crawlers and toddlers. Children should also be taught at an early age not to put unknown plants such as certain berries into their mouths.

Once an illness has ended, promptly dispose of drugs prescribed for that illness by flushing them down the toilet if parents do not want them returned. Do not administer a medication to any child other than the one for which it was prescribed.

Never transfer contents of one container into a container other than the original and do not store harmful substances in food or beverage containers.

Call medicine by its proper name. Never refer to it as candy.

Accidents are most likely to occur under the following circumstances:

- A. When dinner is being cooked.
- B. When a guest is in the home.
- C. When there is family tension.
- D. When a caregiver is moving and has not yet settled in.
- E. When a caregiver is on the telephone.
- F. When a child is hungry.

Do not depend on close supervision to prevent ingestion. It is impossible to watch a child every minute. **REMEMBER CHILDREN CANNOT BE POISONED BY SOMETHING THEY CANNOT SEE OR REACH.**



# IT WON'T HAPPEN TO ME

By Bruce Brown, Center Consultant  
Grand Rapids

Accidents can happen to anyone, any time, any place. There is no immunity from fires, tornadoes, electrical shock, poisonings, falls or any other accidents. These things can happen to the nicest people in the best of places. They could happen to you, or a child in your care.

Thinking about the possibility of you or a child in your care being hurt is very upsetting. Such thoughts are so upsetting that we may unconsciously deny or block out the possibility. "Denial" and "blocking" are common psychological defense mechanisms we use to protect ourselves from uncomfortable thoughts and feelings. Unfortunately, while these defense mechanisms may protect our feelings related to possible injuries, they will not protect our children from being injured.

As a part of denying or blocking out the possibility of an accident occurring, we may make incorrect assumptions based on past experience. We may develop an attitude of believing that because it's never happened, it never will. There are many common false assumptions. Have you or anyone you know ever experienced any of these situations?

"I am always with the children, they couldn't get hurt here" . . . yet, the Poison Control Center tells us that children have swallowed poisons with their parents in the same room.

"Children know what is off-limits here" . . . yet, we know that children are curious and sometimes test limits which may lead to serious injury.

"No one's ever been hurt here, this environment is safe" . . . yet experience tells us that children have been injured in places where there has never been an accident before. Making predictions of future safety based on the past safety record may be dangerous.

Believing that an accident could happen in your home or center is the first, most important accident prevention step you will ever take! This realization will help you to increase your awareness of potential safety problems. It will help you to take necessary action to prevent accidents from occurring.

Below are a few safety tips to consider in taking action to make your environment a safer place:

- Reduce the risk of "falls" by making sure stairs, steps, and walkways are clear of objects, are in good repair and have handrails. Indoor stairs should be protected with safe children's gates. Outdoor steps and walkways should be free of snow/ice build-up.
- Reduce the risk of choking by making sure small toys and parts are kept away from young children. Watch for and remove choking hazards such as buttons, broken crayons, jacks, safety pins, bottle caps, and uninflated balloons. Certain food items such as hard candy, peanuts, popcorn and various seeds are also choking hazards for young children. Remember, choking kills more children under 6 than any other home accident.
- Reduce electric shock by covering all unused electric outlets with protective safety covers/plugs.
- Reduce injury from toys and equipment. Continually examine indoor and outdoor play equipment. Make sure equipment is in good repair and age-appropriate.

- Know what to do in the event of an accidental injury.
  - Provide training to staff in CPR.
  - Have all emergency numbers including the poison control center posted at your telephone.
- Always use proper seat and child restraints while transporting children.
- Thoroughly child-proof your play environment. Remove and secure all hazardous items out of reach of even the most ingenious child.
- Use fencing to protect children from things that might hurt them (e.g. pools, ponds, traffic, animals, tools and heavy machinery).
- Provide responsible, direct supervision for children in your care; always know where children are and what they are doing.
- Teach children about safety and accident prevention. Help them to be alert and avoid hazards. Praise children for their safe behavior (e.g. using handrails, using play equipment properly, etc.).

Remember, accidents can happen to anyone, at any time, at any place. The best defense against accidental injuries will be the action you take to prevent them.



# RECIPE FOR FUN:

## SAFE TOYS IN A SUPERVISED ENVIRONMENT

By Carole Grates, Center Consultant  
Saginaw County

Flash! 5,000 new toys will enter the market place this year. Are you ready to judge the safety of these toys? The Consumer Product Safety Commission and other government agencies find it an impossible task to examine them all. That leaves it up to you to monitor the safety of many things that enter your home or center.

You can make an initial judgment by buying toys that relate to the skills of the children using them. Manufacturers often help you with this by giving age recommendations or other limitations on the label. Read carefully! Then examine the toy for sharp edges or points or small parts that could come loose.

After you determine a toy is relatively safe, teach the children how to keep them that way. Toys should always be put away when not being used. Avoid throwing them all in a jumble in a box since parts come loose or edges get broken. A safe toy becomes a hazard when it is cracked or has missing parts. Broken toys should be repaired immediately or discarded.

### A TOY SAFETY CHECKLIST

- \_\_\_ Toy is sturdy.
- \_\_\_ There are no exposed wires or springs.
- \_\_\_ Metal edges and tabs are finished or folded over.
- \_\_\_ Corners are round.
- \_\_\_ There are no "pinch-points" like hinges or springs.
- \_\_\_ Trike wheels are widely spaced.
- \_\_\_ No part is small enough to fit in the mouth.
- \_\_\_ There are no removable noisemaking parts.

Other equipment in the home or center should be checked also. Cribs, toy boxes, and playpens are also potentially hazardous. Take a safety trip through your facility and check the following:

#### Cribs:

- \_\_\_ End panels contain no cutouts.
- \_\_\_ Corner posts are no higher than siderails and end panels.
- \_\_\_ Raised sides are at least 26 inches from their upper edge to the top of the mattress support in the support's lowest position.
- \_\_\_ Top of lowered side is at least 9 inches above the mattress support in the support's highest position.
- \_\_\_ End panels extend below mattress support in lowest position.
- \_\_\_ Space between slats or other openings is a maximum of 2½ inches.

#### Toy Chest:

- \_\_\_ Lid is lightweight with a safety hinged device to hold it open or remove lid completely.
- \_\_\_ No rough, sharp edges or splinters.
- \_\_\_ The chest has ventilation holes.
- \_\_\_ There is no lock on lid.

#### Playpens:

- \_\_\_ Providers should stop using collapsible wooden enclosures. Children can get their necks caught in the V-shaped openings on top. And special caution is recommended when using drop-side mesh playpens and portable mesh cribs. The

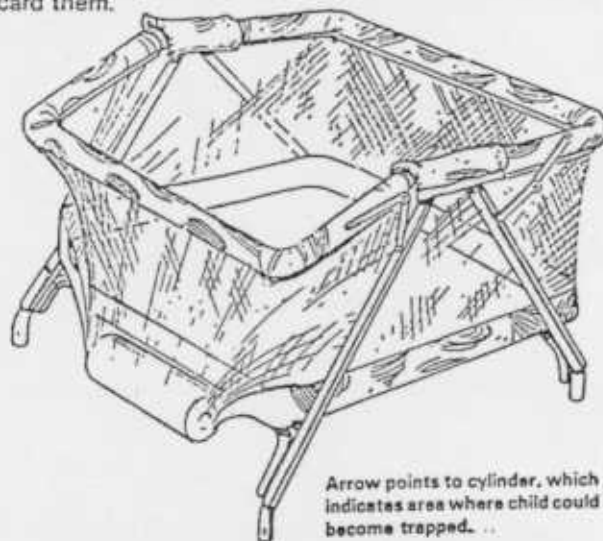
mesh, when down, can form a loose pocket where unattended infants can become trapped and suffocate.

When you have determined your equipment is as safe as possible, the only element left in protection is **YOU!** It is important that children are always supervised whether awake or playing or sleeping in their cribs or cots. The safest equipment in an unsupervised situation can become a hazard.

Before using old equipment check to see that it meets current safety standards by contacting the National Safety Council.



The U.S. Consumer Product Safety Commission warns of a strangulation hazard that may exist with some cribs that have projections on the cornerposts. The Commission urges that you remove the cornerpost extensions and discard them.



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# BUCKLE UP!

By Sandra Settergren, Home Licensing Consultant  
Washtenaw Co.

Taken from the Pamphlet, **Buckle Up**  
Michigan Office of Highway Safety Planning

There are three laws requiring the use of vehicle safety restraints for children and adults. Centers need to follow the Transportation Provisions found in the Rules for Child Care Centers. Family and Group Day Care Homes are to follow Act 116 of 1981 (Child Passenger Safety Law) and Act 1, 1985 (Adult Seatbelt Law).

Here are answers to some frequently asked questions. If you have any additional questions about seatbelts or any traffic safety issue, you may call this 24-hour toll free number operated by the Michigan State Police: 1-800-851-0851.

**Q:** What is the penalty if I don't buckle up?

**A:** Failure to comply with PA 1 of 1985 is a fine. After January 1, 1986, the fine is \$25.

**Q:** Who gets the traffic ticket?

**A:** If the unbelted person is under the age of 16, the driver will receive the traffic citation. If the unbelted person is 16 or older, that person will receive the citation.

**Q:** What if the safety belts have been removed?

**A:** This law applies to vehicles manufactured after January 1, 1965. If you or a previous owner removed the safety belts, you may still be cited for failure to comply with the law.

**Q:** My old car only has a lap belt. Is this OK?

**A:** If your older model vehicle did not have the shoulder harness as newer cars do, use of the lap belt alone is permitted.

**Q:** What if I carry more people than I have belts for?

**A:** The law states that all drivers and all front seat passengers must buckle up. For example, if you have four people in the front seat with only three safety belts and one person is unbelted, the driver or the person may receive a traffic citation.

**Q:** Does this law apply to pickup trucks?

**A:** Yes.

**Q:** What if the belt doesn't fit me?

**A:** Belt extenders for large people are available from auto manufacturers.

**Q:** May I wear the shoulder harness under my arm?

**A:** The safety belt must be used properly. Slipping the shoulder harness under your arm or behind your back is not proper use. It is also very unsafe.

**Q:** Does this law nullify the child seat law?

**A:** No. Michigan's child passenger safety law (Public Act 116 of 1981) still applies to all children under the age of four.

**Q:** How serious is the problem of child passenger safety?

**A:** More children are hurt or killed each year from automobile crashes than from any disease or other type of accident. It is a child's #1 health threat.

**Q:** Do child safety seats really work?

**A:** Studies show that when the seats are used properly, they can reduce the chance of death by 90% and reduce the chance of injury by almost 80%. Safe child car seats work. There has been a 25% reduction in casualties to children under four years of age since Michigan's law began.



**Q:** Where is the best place for my child to ride?

**A:** The safest place for anyone to ride is in the middle of the backseat. There you are the farthest from any doorknobs, radio dials or gear shift levers. Safety belts keep passengers from becoming uncontrolled flying objects. Always use the car's safety belts when securing the child safety seat. Proper protection means following installation and usage guidelines provided by the car seat's manufacturer.

**Q:** What is a "safe" child restraint system?

**A:** The word "safe" (or sometimes "approved") means the seat has been dynamically crash tested. All seats manufactured after January 1, 1981 must meet strict federal safety standards for crash worthiness.

**Q:** What is the most serious problem with car seats?

**A:** The most serious problem is the adult's inability or unwillingness to always use the car seat correctly. There are two rules to follow for proper protection of a child:  
—The child must be properly fastened into the car seat using the straps and harnesses in the manner they were intended by the manufacturer.  
—The car seat must be securely fastened by the vehicle's regular seat belt. This keeps the car seat from being thrown around during a crash.

**Q:** What types of car seats are there?

**A:** There are basically three types of child car seats:  
**Infant Only** — for the child weighing up to 20 lbs. — always used in the rear facing position (toward rear of car).  
**Convertible Seats** — can be used in rear facing position for infants or forward facing position for older children.  
**Toddlers Only** — for children old enough to sit up by themselves — always used in the forward facing position (toward front of car).

**CAUTION: FAILURE TO USE YOUR CHILD CAR SEAT PROPERLY MAY JEOPARDIZE THE SAFETY OF YOUR CHILD.**

# AN OUNCE OF PREVENTION....

By Carole M. Grates, Center Licensing Consultant

Written emergency procedures are an effective prevention technique in child care facilities. While these are required for child care centers and group day care homes, they are also essential for family day care homes. These procedures should cover three emergency situations—fire emergency, tornado emergency, and serious accident or injury situations. Some suggestions for developing these procedures are included below:

## FIRE EMERGENCY PROCEDURES

1. Fire drills need to be held regularly. It has been determined that once a month is adequate for preschoolers to familiarize them as well as the staff with the procedures. All drills should be recorded as to date and evacuation time involved.
2. Determine what will be used to signal a fire emergency or a fire drill. This could be a bell, a whistle, a horn or other device. It is important that the alarm device be used only for fire drills and fire emergencies.
3. Determine the existing pattern and post a simple evacuation diagram that can be easily read by visitors, volunteers, emergency person and staff.
4. Determine the duties of attending adults during the emergency. Consider who will be responsible for supervision of the children; who will call the fire department, if possible; who will check the center for children, turn out lights and close doors; who will be responsible for the attendance book for a check after evacuation. These duties should be carefully written and staff assigned. Orientation regarding fire safety procedures should be a primary part of new staff orientation.
5. Determine a common meeting area which is a safe distance from the building. Before returning to the building, a staff person should check the attendance book to be sure all children have been evacuated.
6. While it is not required to post all the written procedures, it is advisable to post the evacuation plan and any procedures the center deems essential. During fire, speed is of the essence. All staff need to be fully aware of their duties before an emergency. Fire drills conducted on a routine basis lessen panic behavior.

**IMPORTANT!**

EMERGENCY PROCEDURES

**FIRE** 

\_\_\_\_\_

\_\_\_\_\_

**TORNADO** 

\_\_\_\_\_

\_\_\_\_\_

**SERIOUS ACCIDENT  
OR INJURY**

\_\_\_\_\_

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## TORNADO EMERGENCY PROCEDURES

1. While tornado drills for the children are not required, it is important that they be made aware of procedures in the event a tornado warning is sounded. You may accomplish this by either talking the children through the procedures or actually practicing a drill. Any alarm used should be different from the fire alarm.
2. Determine the area of the building that will afford maximum protection during a tornado. Assistance regarding shelter is usually available from the local Civil Defense Unit.
3. All staff should be aware of their duties including who will be responsible for checking all use areas; who will take the attendance book; who will monitor the radio; and any other actions deemed necessary.
4. These plans should be written and shared with all staff, emergency persons, and parents. While it is not required to post all written plans, the center should consider posting an evacuation map that is easily read.

## SERIOUS ACCIDENT OR INJURY

1. In a medical emergency, as in all emergencies, forethought and planning will alleviate panic. Consider having the Red Cross give the staff basic first aid training. The more people who can recognize serious symptoms and injuries, the better care that is available to the children in care.
2. Determine a specific plan of action in case of a serious accident or injury. This should be written and given to all staff and be a part of new staff orientation.
3. The plan should include specific duties assigned to designated staff or emergency persons. These might include who will contact medical personnel; who will contact the parent; who will stay with the child, and who will be responsible for diverting the other children.
4. While these written plans do not need to be posted, you should have emergency numbers prominently posted by the phone. These should include fire, police, ambulance and poison control numbers. Emergency information relating to the child should be easily accessible also.

The purpose in having **written** procedures for the above emergencies is to assure that programs have given consideration to the situations before they occur. It also assures that all staff are receiving consistent direction regarding emergencies. Knowledge and teamwork are essential in panic situations.

# IDEAS FOR TORNADO PLAN

By Judy Gaspar, Center Licensing Consultant  
Kalamazoo County

Each county has an expert resource person to help centers and homes develop a tornado emergency procedure. This person is the Civil Defense Coordinator, who is available to make a site visit to your facility, should you request it.

According to Tom Lewis, Kalamazoo County Civil Defense Coordinator, there are three objectives to be included in your procedure. They are:

1. How will you know when to respond to a tornado situation? What is the warning system in your community?
2. What will you do when you learn of a tornado watch or a tornado warning? Do you know the difference between a watch and a warning?
3. How will you signal all children and staff in your facility?

It is especially important during the tornado season, April through September, to be aware of weather conditions at all times. A tornado **WATCH** means conditions are favorable for the development of a tornado. A tornado **WARNING** means that a tornado has been sighted in your area. Take cover **IMMEDIATELY**.

Include the following recommendations in your plans:

1. Provide for communication from outside the facility (radio, TV, etc.). A battery operated radio is preferred to an electric one because of the possibility of a power outage. Turn to your local radio station.
2. In a large facility, have an audible signal to be heard throughout the facility. This signal must produce a distinctly different sound from that used in fire drills.
3. Identify the safest shelter area for your facility (request a site visit from your local Civil Defense Coordinator).
4. Identify chain of command and specific duties of each staff or emergency person.
5. Include all aspects of your plan in a written format.
6. Talk through the emergency tornado procedure with the children or practice tornado drills. During a tornado warning situation, take immediate cover, reassure and remain with the children. Again, a battery powered radio can provide you with the all clear signal.

Inform your parents of your procedures so that they know how to respond. Will you be changing the time of dismissal, etc.?

For further assistance in developing a good tornado plan for your facility, call upon your local Civil Defense Coordinator.

## RESOURCES — HEALTH/SAFETY

### Pamphlets

**How to Poison Proof Your Home.** Western Michigan Poison Center, 1840 Wealthy St., S.E., Grand Rapids, Michigan 49506.

**First Aid for Poisoning.** Western Michigan Poison Center, 1840 Wealthy St., S.E., Grand Rapids, Michigan 49506.

**Emergency Telephone Numbers.** DSS Publication 4234 (4-84).

**Poison Control In The Home.** Dist. by Ingham County Health Dept., HEAL Center, 5303 S. Cedar St., Lansing, Michigan 48910.

**A Handbook of Child Safety.** Gerber Products Co. Publication 54-31 Rev. 780. Fremont, Michigan 49412.

**A Sign of Relief.** The First Aid Handbook for Childhood Emergencies. Martin I. Green. Bantam Books, 1977, 1984.

**Holiday Decorations.** Family and Group Home Letter Series, Division of Child Day Care Licensing, December 7, 1983 (83-04).

**Holiday Decorations.** Child Care Center Letter Series, Division of Child Day Care Licensing, December 7, 1983 (83-10).

**Buckle Up Michigan!** Laws that Protect Drivers and Other Motor Vehicle Occupants. Michigan Office of Highway Safety Planning, 111 S. Capitol Avenue, Lansing, Michigan 48913 (517-373-8011).

**Child Car Safety Fact Book.** Michigan Office of Highway Safety Planning.

**Do You Care Enough About the Way Your Children Ride?** Michigan Office of Highway Safety Planning.

### DO YOU KNOW WHERE YOUR PURSE IS?

Purses often contain aspirin, prescription drugs, matches, sharp objects, sprays and other hazardous materials. Be sure your purse and those of any visitors or parents are stored in an area that is not accessible to children.

Nora Wadlin Center, Lic. Consultant, Escanaba

### "Don't wait until you're in hot water!"

[Water] Temperature	Time required to produce a third degree burn
156°	1 second
149°	2 seconds
140°	5 seconds
133°	15 seconds
127°	60 seconds
120°	over 5 minutes

excerpted from an article  
"Don't Wait Until You're in Hot Water!"  
Dan Poorman—Lansing State Journal  
Sunday, Feb. 13, 1983

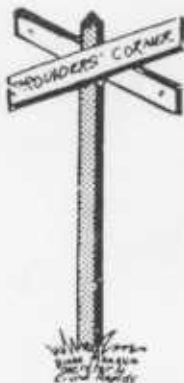
# PROVIDER'S CORNER

In reviewing the responses to this Newsletter's questionnaire, the Editorial Staff has noted a number of concerns which providers expressed regarding DSS tuition paid children. Several providers had experienced payment problems, difficulties with irresponsible parents and dissatisfaction dealing with DSS.

In an effort to prevent some of these problems, we would like to pass on this information. Most people who receive ADC and either go to school or work are **not** eligible for a direct payment from DSS to the provider. They should be treated in the same manner as any other parent who places his child in your care.

Some ADC recipients may be eligible for direct DSS payments but only under very specific circumstances. They must have made application to DSS for payment and will have a day care payments worker who is not their ADC caseworker. You should contact this worker to confirm the parents' eligibility for direct DSS day care payments. People who fall into these categories may possibly be eligible for direct payment: mothers under age 21 and enrolled in high school; those for whom day care has been recommended and approved by DSS for social and health reasons; protective services clients; migrant workers and some low income non-public assistance families.

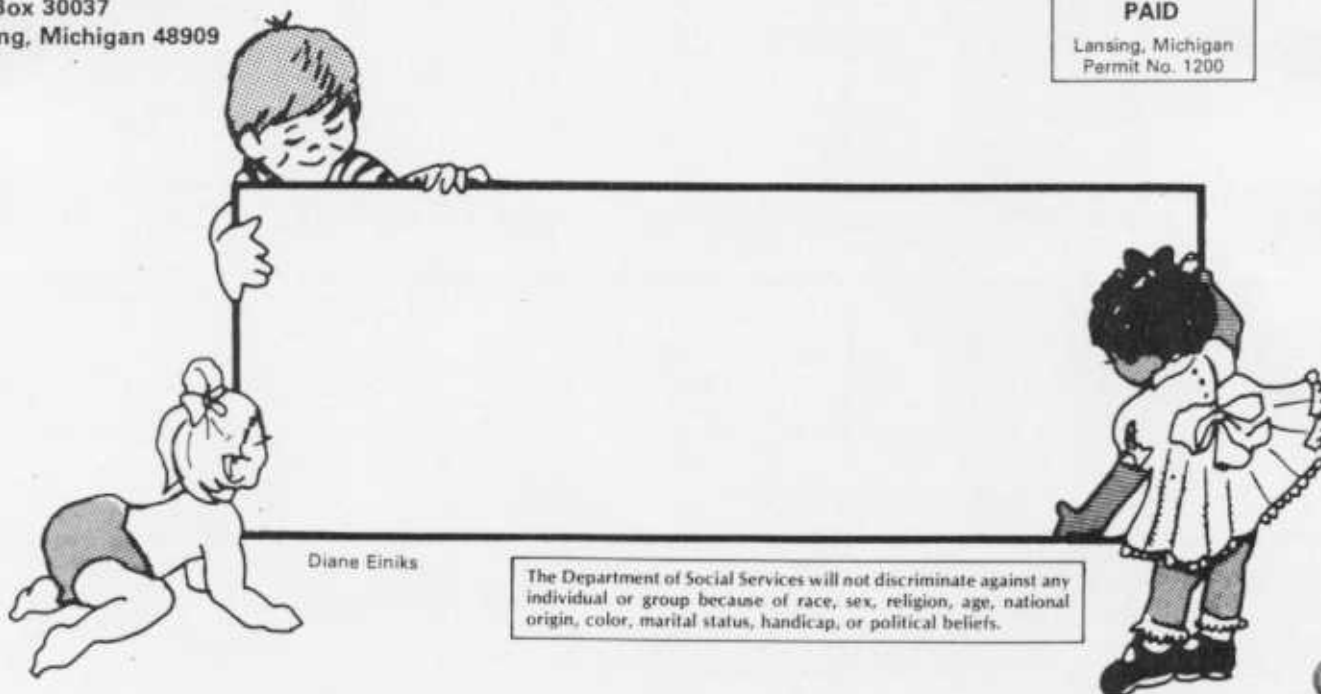
DSS payment rates are established as full time pay for 5 hours or more and half time fee for anything less than five hours. Currently, these are the full time daily rates per child: Family and Group Day Care Homes—\$6.38, Centers for children under age 2½—\$12.18, and Centers for children age 2½ and up—\$8.12.



DEPARTMENT OF SOCIAL SERVICES  
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**BULK RATE**  
U.S. POSTAGE  
**PAID**

Lansing, Michigan  
Permit No. 1200



Diane Einiks

The Department of Social Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, handicap, or political beliefs.